EXHIBIT H

FORM B10 (Official Form 10) (10/05) PROOF OF CLAIM: **United States Bankruptcy Court** Southern District of New York Name of Debtor Case Number USBCSOUTHERN DISTRICT OF NY Bayou Superfund, LLC 06-22307 LLCCASE #06-22306 OU GROUT NOTE: This form should not be used to make a claim for an administrative expense arising after the common case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. \$ 503 CLAIM NO. 789 Name of Creditor (The person or other entity to whom the debtor owes ☐ Check box if you are aware that anyone else has filed a proof of money or property): claim relating to your claim. Attach copy of statement giving Broad-Bussel Family Limited Partnership particulars. Name and address where notices should be sent: ☐ Check box if you have never c/o Berger & Montague, P.C. received any notices from the bankruptcy court in this case. Attn: Merrill G. Davidoff 1622 Locust Street, Philadelphia, PA 19103 ☐ Check box if the address differs from the address on the envelope sent to you by the Telephone number: 215-875-3000 This space is for Court Use Only Last four digits of account of other number by which creditor identifies Check here ☐ replaces debtor: 0709 (See Addendum) a previously filed claim, dated: if this claim amends Retiree benefits as defined in 11 U.S.C. § 1114(a) 1. Basis for Claim Goods sold Wages, salaries, and compensation (Fill out below) Services performed Last four digits of your SS#: Money loaned Unpaid compensation for services performed Personal injury/wrongful death Other See Addencum (date) (date) 2. Date debt was incurred: 3. If court judgment, date obtained: January 5, 2004 4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. (See Addendum) Unsecured Nonpriority Claim \$ 1,250,000-plus Secured Claim. Check this box if: a) there is no collateral or lien securing your Check this box if your claim is secured by collateral (including a right of claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority. Brief Description of Collateral: ☐ Real Estate □ Motor Vehicle □ Other Unsecured Priority Claim. Value of Collateral: \$ Check this box if you have an unsecured priority claim, all or part of which is entitled to priority. Amount of arrearage and other charges at time case filed included Amount entitled to priority \$ in secured claim, if any \$_ Specify the priority of the claim; O Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or O Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). (a)(1)(B). Wages, salaries, or commissions (up to \$10,000),* earned within Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). □ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(_ *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). respect to cases commenced on or after the date of adjustment. 5. Total Amount of Claim at Time Case Filed: \$ 1.250,000-plus (Total) (secured) (priority) (unsecured) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. (See Addendum) This Space is for Court Use Only 6. Credits: The amount of all payments on this claim has been credited and deducted for the Time. purpose of making this proof of claim. 7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. Sign and print the name and title, if any, of the creditor or other person authorized to file this claim stated copy of power of attorney, if any): Alem is France Sec Y, Broad-Bussel Date 07 Enterprises, Inc. (G.P. of Broad-Bussel Family L.P. Penalty for presenting fraudulent claim; Fine of up to \$500,000 or imprisonment for up to 5 years, or both, 18 U.S.C. §§ 152 and 3571.

FORM B10 (Official Form 10) (10/05)		
United States Bankruptcy Court Souther	n District of New York	PROOF OF CLAIM
Name of Debtor Bayou Accredited Fund, LLC	L BAYOU-	SOUTHERN DISTRICT OF NY SROUP, LLC CASE #06-22306
NOTE: This form should not be used to make a claim for an administrative expen- case. A "request" for payment of an administrative expense may be filed pursuan		CLAIM NO. 718
Name of Creditor (The person or other entity to whom the debtor owes money or property): Caroline B. Glass	☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	** - /
Name and address where notices should be sent: c/o Berger & Montague, P.C. Attn; Merrill G. Davidoff 1622 Locust Street, Philadelphia, PA 19103	☐ Check box if you have never received any notices from the bankruptcy court in this case. ☑ Check box if the address differs from the address on the	
Telephone number: 215-875-3000	envelope sent to you by the court.	This space is for Court Use Only
Last four digits of account or other number by which creditor identifies debtor: 1879 (See Addendum)	Check here	ously filed claim, dated:
1. Basis for Claim Goods sold Services performed Money Joaned Personal injury/wrongful death Taxes Other See Addendum	Retiree benefits as defined in 11 U.S. Wages, salaries, and compensation (Last four digits of your SS#: Unpaid compensation for services per from	Fill out below)formed
2. Date debt was incurred: January 15, 2003	3. If court judgment, date obtaine	
See reverse side for important explanations. (See Adden) Unsecured Nonpriority Claim \$ 1,140,000-plus Check this box if: a) there is no collateral or lien securing your claim. or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority. Unsecured Priority Claim. Check this box if you have an unsecured priority claim, all or part of which is entitled to priority. Amount entitled to priority \$ Specify the priority of the claim: Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). Wages, salaries, or commissions (up to \$10,000), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).	Secured Claim. Check this box if your claim is se setoff). Brief Description of Collateral: Real Estate Motor Veh Value of Collateral: Amount of arrearage and other clin secured claim, if any \$ Up to \$2,225° of deposits toward services for personal, family, or h Taxes or penalties owed to gover Other - Specify applicable paragr.	purchase, lease, or rental of property or ousehold use - 11 U.S.C. § 507(a)(7). nmental units - 11 U.S.C. § 507(a)(8). aph of 11 U.S.C. § 507(a)(). on 4/1/07 and every 3 years thereafter with
5. Total Amount of Claim at Time Case Filed: \$ 1.140,000-plus (unsecured) Check this box if claim includes interest or other charges in addition additional charges. (See Addendum)	(secured) (p	priority) (Total) tach itemized statement of all interest or
6. Credits: The amount of all payments on this claim has been purpose of making this proof of claim. 7. Supporting Documents: Attach copies of supporting documents, purchase orders, invoices, itemized statements of running judgments, mortgages, security agreements, and evidence of SEND ORIGINAL DOCUMENTS. If the documents are not a documents are voluminous, attach a summary. 8. Date-Stamped Copy: To receive an acknowledgment of the stamped, self-addressed envelope and copy of this proof of company of the stamped of the sta	ments, such as promissory ning accounts, contracts, court of perfection of lien. DO NOT available, explain. If the e filing of your claim, enclose a	This Space is for Court Use Only 7/8 S.D. CF N.Y. 1/16/07/09 1/16/07 1
1/11/07 Valoue Vo Stales		1/14/07% 5 6/4

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

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FORM B10 (Official Form 10) (10/05)		Dec. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
United States Bankruptcy Court/ Southern	n District of New York	PROOF OF CLAIM.
Name of Debtor Bayou Accredited Fund, LLC	Case Number 06-22310	
NOTE: This form should not be used to make a daim for an administrative expension of the case. A frequest for payment of an administrative expense may be filled pursuant. Name of Creditor (The person or other entity to whom the debtor owes money or property): Marie-Louise Michelsohn Name and address where notices should be sent: c/o Koskoff, Koskoff & Bieder, PC 350 Fairfield Avenue Bridgeport, CT 06611	☐ Check box If you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. ☐ Check box if you have never received any notices from the bankruptcy court in this case. ☐ Check box if the address differs	HERN DISTRICT OF NY UP, LLCCASE #06-22306 CLAIM NO. 931
Telephone number: 203-336-4421	from the address on the envelope sent to you by the court.	This space is for Court Use Only
Last four digits of account or other number by which creditor identifies debtor:	Check here replaces if this claim replaces	iously filed claim, dated:
1. Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other See Addendum	Retiree benefits as defined in 11 U.S Wages, salaries, and compensation (Last four digits of your SS#: Unpaid compensation for services per from	(Fill out below)
2. Date debt was incurred: February 1, 2004	3. If court judgment, date obtained	od:
4. Classification of Claim. Check the appropriate box or boxes that be See reverse side for important explanations. Unsecured Nonpriority Claim \$ 1,480,000 (See Addendum) Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.	Secured Claim.	ecured by collateral (including a right of
Unsecured Priority Claim. □ Check this box if you have an unsecured priority claim, all or part of which is entitled to priority. Amount entitled to priority \$. Value of Collateral: \$	charges at time case filed included
Specify the priority of the claim: Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	services for personal, family, or l Taxes or penalties owed to gove Other - Specify applicable parag	on 4/1/07 and every 3 years thereafter wi
5. Total Amount of Claim at Time Case Filed: \$\frac{\$1,480,000_{\text{\chi}}}{\text{(unsecured)}}\$ Check this box if claim includes interest or other charges in addition to additional charges. (See Addendum)	(secured) {	priority) (Total) Itach itemized statement of all interest or
 6. Credits: The amount of all payments on this claim has been purpose of making this proof of claim. 7. Supporting Documents: Attach copies of supporting documents, purchase orders, invoices, itemized statements of running judgments, mortgages, security agreements, and evidence of SEND ORIGINAL DOCUMENTS. If the documents are not a documents are voluminous, attach a summary. 8. Date-Stamped Copy: To receive an acknowledgment of the stamped, self-addressed envelope and copy of this proof of contraction. 	ments, such as promissory hing accounts, contracts, court f perfection of lien. DO NOT vailable, explain. If the e filing of your claim, enclose a	This Space is for Court Use Only This Space is for Court Use Only FILED ONLY ONL

Sign and print the name and title, if any of the creditor or other person authorized to file this claim.

(Attach copy of power of attorney, it any).)

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Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both, 18 U.S.C. §§ 152 and 3571.

FORM B10 (Official Form 10) (10/05)		
United States Bankruptcy Court Souther	n District of New York	PROOF OF CLAIM
Name of Debtor Bayou Superfund, LLC	Casé Number 06-22307	
NOTE: This form should not be used to make a claim for an administrative expensions. A request for payment of imadministrative expense may be filed pursuant	i to 11 U.S.C. § 503	
Name of Creditor (The person or other entity to whom the debtor owes money or property): Marie-Louise Michelsohn and Michelle Michelsohn, JT	Check box if you are INBESOL	THERN DISTRICT OF NY OUP, LLCCASE #06-22306 CLAIM NO. 766
Name and address where notices should be sent: c/o Koskoff, Koskoff & Bieder, PC 350 Fairfield Avenue Bridgeport, CT 06611	Check box if you have never received any notices from the bankruptcy court in this case.	, · · · ·
Telephone number: 203-336-4421	☐ Check box if the address differs from the address on the envelope sent to you by the court.	This space is for Court Use Only
Last four digits of account or other number by which creditor identifies debtor:	Check here preplaces if this claim previous a previous	ously filed claim, dated:
1. Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other_See Addendum	Retiree benefits as defined in 11 U.S. Wages, salaries, and compensation (Last four digits of your SS#: Unpaid compensation for services pe from	Fill out below)
2. Date debt was incurred: November 1, 2004	3. If court judgment, date obtaine	d:
4. Classification of Claim. Clieck the appropriate box or boxes that be See reverse side for important explanations. Unsecured Nonpriority Claim \$ 1,120,000 (See Addendum) Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority. Unsecured Priority Claim. Check this box if you have an unsecured priority claim, all or part of which is entitled to priority. Amount entitled to priority \$ Specify the priority of the claim: Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). Wages, satarles, or commissions (up to \$10,000),* earned within 180 days before filling of the trankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).	Secured Claim. Check this box if your claim is se setoff). Brief Description of Collateral: Real Estate	cured by collateral (including a right of nicle Other
5. Total Amount of Claim at Time Case Filed: \$\frac{\$1,120,000-}{(unsecured)}\$ Check this box if claim includes interest or other charges in additional charges. (Size Addendum) 6. Credits: The amount of all payments on this claim has been purpose of making this proof of claim.	(secured) () to the principal amount of the claim. Al	This Space Is for Court Use Only
7. Supporting Documents: Attach copies of supporting documents, purchase orders, invoices, itemized statements of runi judgments, mortgages, security agreements, and evidence of SEND ORIGINAL DOCUMENTS. If the documents are not a documents are voluminous, attach a summary. 8. Date-Stamped Copy: To receive an acknowledgment of the stamped, self-addressed envelope and copy of this proof of the stamped. Date Sign and pint the name and titler if they of the creditor of the stamped.	ning accounts, contracts, court of perfection of lien. DO NOT available, explain. If the e filing of your claim, enclose a	766 7 2001 JAN 15
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FORM B10 (Official Form 10) (10	, (05) + 1		
United States Bank	ruptcy Court Souther	n District of New York	PROOF OF CLAIM
Name of Debtor Bayou Superfund, LLC		Case Number 06-22307	
NOTE: This form should not be us case. A request for payment of	ed to make a claim for an administrative expens an administrative expense may be filed pursuant or other entity to whom the debtor owes	to 11 U.S.C. § 503. BAYOU	OUTHERN DISTRICT
Name of Creditor (The person money or property):	d to make a claim for an administrative expense an administrative expense may be filed pursuant or other entity to whom the debtor owes	Check box if you are aware that anyone else has filed a proof of claim relating to your claim.	CLAIM NO. 768
Herbert Blaine Lawson	Jr.	Attach copy of statement giving particulars.	NO. 768
Name and address where not c/o Koskoff, Koskoff & 1 350 Fairfield Avenue	Bieder, PC	☐ Check box if you have never received any notices from the bankruptcy court in this case.	1
Bridgeport, CT 06611 Telephone number: 203-33	6-4421	☐ Check box if the address differs from the address on the envelope sent to you by the court.	This space is for Court Use Only
	ther number by which creditor identifies	Check here preplaces	iously filed claim, dated:
1. Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful of Taxes Other See Addenda		Retiree benefits as defined in 11 U.S. Wages, salaries, and compensation (Last four digits of your SS#: Unpaid compensation for services pe	Fill out below)
2. Date debt was incurred:	1.	3. If court judgment, date obtains	
See reverse side for import Unsecured Nonpriority Clair Check this box if, a) there claim, or b) your claim excit, or if c) none or only part Unsecured Priority Claim. Check this box if you have which is entitled to priority. Amount entitled to priority Specify the priority of the clair Domestic support obligatio (a)(1)(B). Wages, salaries, or comm 180 days before filing of the debtor's business, whiche	s 500,000 (See Addendum) Is no collaterat or tien securing your eds the value of the property securing of your claim is entitled to priority. an unsecured priority claim, all or part of s n: ns under 11 U.S.C. § 507(a)(1)(A) or	Secured Claim. Check this box if your claim is se setoff). Brief Description of Collateral: Real Estate D Motor Vel Value of Collateral: Amount of arrearage and other c in secured claim, if any \$	cured by collateral (including a right of micle Other
1	Time Case Filed: \$ \$500,000 - (unsecured)	(secured) (priority) (Total) ttach itemized statement of all interest or
purpose of making this 7. Supporting Documen notes, purchase orders judgments, mortgages, SEND ORIGINAL DOC documents are volumin 8. Date-Stamped Copy: stamped, self-addresse	ts: Attach copies of supporting docu. invoices, itemized statements of runifications itemized statements are not a UMENTS. If the documents are not a ous, attach a summary. To receive an acknowledgment of the envelope and copy of this proof of the content of the envelope and copy of this proof of the content of the envelope and copy of this proof of the content of the envelope and copy of this proof of the content of the envelope and copy of this proof of the content of the envelope and copy of this proof of the content of the envelope and copy of this proof of the content of the con	ments, such as promissory ning accounts, contracts, court of perfection of lien. DO NOT available, explain. If the e filing of your claim, enclose a claim.	This Space is in Court Use Only 768 THE BANKRUPTCY CO
	irini the name and the, if any, of the creditor or so of power of attorney, it any):	ther person authorized to file this claim Herbert Blaine Lawson, Tr	1/16/07 E RES